

**RECEIVED
CENTRAL FAX CENTER**

NOV 01 2004

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

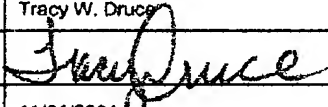
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

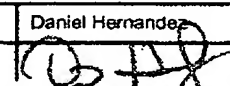
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/065,643
	Filing Date	11/05/2002
	First Named Inventor	ELIASSEN
	Group Art Unit	3683
	Examiner Name	KING, Bradley T.
Total Number of Pages in This Submission	Attorney Docket Number	00173.0017.PCUS00

ENCLOSURES (check all that apply)						
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p align="center">Form PTO-2038.</p>				
<table border="1"> <tr> <td align="center" colspan="2">Remarks</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>			Remarks			
Remarks						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	NOVAK DRUCE, LLP Tracy W. Druce
	
Date	11/01/2004

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence and any attachments referred to herein are being facsimile transmitted to Examiner KING, Art Unit 3683, United States Patent and Trademark Office at fax no. 703.872.9306 on 01 November 2004.			
Typed or printed name	Daniel Hernandez		
Signature		Date	11/01/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
CENTRAL FAX CENTER

NOV 01 2004

FAX COVER SHEET

TO	Examiner Bradley KING
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2004-11-01 22:00:13 GMT
RE	Application No. 10/065,643 - Response to FINAL ACTION - Our 00173.0017.PCUS00

COVER MESSAGE

Dear Examiner,

Please enter and consider out attached Response to the
Final Rejection
and related papers (17 sheets total). THANK YOU.

- Tracy W. Druce
Ph: 202.293.7333

GET FREE ONLINE FAX DELIVERY FROM eFAX
WWW.EFAX.COM